

**CITY OF GRAND RAPIDS
NON-DOMESTIC USER SURVEY**

Failure to return complete survey within 10 days of receipt will result in \$55 fee for water cutoff notice posting.

Failure to return a complete survey within 10 days after water cutoff notice posting will result in water cutoff.

Please print legibly. Complete each section, be sure to include contact name and information, NAICS code(s), and sign the survey. Buildings containing multiple tenant spaces are required to submit a survey for each tenant space. If a tenant space is vacant, write "currently vacant" for question A.13.

Contact the industrial pretreatment program (IPP) at 456-3633 with any questions.

A. Facility Information

1. Company Name: _____
Facility Address: _____
City, State, Zip: _____
Number of employees: _____
Mailing Address (if different):
City, State, Zip: _____
Company telephone: _____
Company fax: _____
Company representative: _____
Company rep. telephone: _____
Company rep. e-mail address: _____
List NAICS Code(s) for this facility: _____
_____, _____, _____, _____
_____, _____, _____, _____

For help with NAICS Codes, enter this link into your web browser:

<http://www.census.gov/eos/www/naics/>, select the FAQ tab at the top, and select FAQ #9.

2. Facility water supplied by:

- City of Grand Rapids
 Well
 Other (specify) _____

3. Facility sewer is connected to:

- City of Grand Rapids Sewer System
 Septic System
 Other (Specify) _____

4. Does this facility have cooling towers?

- Yes
- No

If yes, list number and size of cooling towers at facility.

If yes, list the names and volumes (in gallons) of all algaecides or bactericides used in cooling towers.

5. Check the boxes to indicate water meter locations on the cooling tower piping.

- Influent water piping
- Effluent water piping
- None of the above

6. Does this facility have a grease trap or grease interceptor installed?

- Yes
- No

If yes, list number and capacity (in gallons) of grease trap and or grease interceptors installed

If yes, list the cleaning frequency of each grease trap or grease interceptor (ie. weekly, monthly, yearly) and waste hauler name.

7. Does this facility have oil/water separators installed?

- Yes
- No

If yes, list number and capacity (in gallons) of oil/water separators at facility.

If yes, list the cleaning frequency of each oil/water separator (ie. weekly, monthly, yearly) and waste hauler name.

8. Does this facility have multiple occupants?

- Yes
- No

If yes, complete and submit a non-domestic user survey for EACH tenant space.

9. What liquids are stored at this facility in quantities larger than five gallons? List materials stored and quantities in gallons. You may provide separate list as an attachment if a large quantity of liquids are stored at the facility.

10. Is any waste, other than office paper, trash, or cardboard, hauled from this facility?

- Yes
- No

If yes, specify waste and waste hauler used.

11. Is there any known contamination at this address?

- | | | | |
|-------------|------------------------------|-----------------------------|--------------------------------------|
| Groundwater | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Do not know |
| Soil | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Do not know |
| Other | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Do not know |

If yes, list the contaminants known to be present.

If yes, were the contaminants identified by:

- Testing of soil borings
- Testing of groundwater sampling
- Other means(specify) _____

12. In the Code of Federal Regulations, Title 40 (40 CFR), categories have been established to regulate a number of industrial dischargers. Does your business have a Federally regulated industrial process?

- Yes
- No
- Do not know

If yes, list the 40 CFR part number(s) that apply

13. List all business activities performed at this facility, i.e. what does your company do? Be as specific and detailed as possible.

B. Wastewater Characteristics

1. What substances, other than waste from bathrooms, are discharged into the sewer system from this facility?

2. List all pretreatment devices or processes used for treating wastewater prior to being discharged to the sewer system.

3. Does this facility generate any Resource Conservation and Recovery Act (RCRA) hazardous wastes? For help with RCRA hazardous wastes enter this link www.epa.gov/osw/ into your web browser then select 'Hazardous Waste'.

- Yes
- No
- Do not know

If yes, list waste and disposal method for all RCRA waste generated at this facility.

4. What was the facility water usage from your last water bill?

_____ Hundreds of cubic feet (HCF)
_____ Other (Specify)

How many days in the billing cycle? _____

Whom should we contact, if we have any questions regarding this facility (if different from the person listed in Item A.1)

Name: _____
Title: _____
Telephone No.: _____

Certification Statement:

I have personally examined and am familiar with the information submitted in this document. Based upon my inquiry of those individuals immediately responsible for obtaining the information reported herein, I believe that the submitted information is true, accurate and complete.

Company Representative: _____
Signature

Date

Please submit completed form to:

E-MAIL: water@grcity.us (scanned pdf, NO Zip files)
IN PERSON: Customer Service, City Hall, 300 Monroe Ave.
MAIL: City of Grand Rapids
c/o Water Department – Utility Business Office
300 Monroe Ave.
Grand Rapids, MI 49503
456-3000